|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Applicant(s)                                                                                                                                                                                                                                                                                                      |                     |
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| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 09/720,955<br><b>Examiner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DROST ET AL.  Art Unit                                                                                                                                                                                                                                                                                            |                     |
| 7101.00 07711101111211119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAMINIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | / Conne                                                                                                                                                                                                                                                                                                           |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | John Hoffmann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1731                                                                                                                                                                                                                                                                                                              |                     |
| The MAILING DATE of this communication app<br>All claims being allowable, PROSECUTION ON THE MERITS I<br>herewith (or previously mailed), a Notice of Allowance (PTOL-8<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT<br>of the Office or upon petition by the applicant. See 37 CFR 1.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S (OR REMAINS) CLOSED in 5) or other appropriate comm <b>RIGHTS.</b> This application is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | n this application. If not included<br>unication will be mailed in due co                                                                                                                                                                                                                                         | ourse. <b>THIS</b>  |
| 1. $igwedge$ This communication is responsive to <u>the amendment of </u> :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 23 Feb 2004.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                     |
| 2. The allowed claim(s) is/are <u>16,21-24 and 27-30</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                   |                     |
| 3. $igwedge$ The drawings filed on <u>03 January 2001</u> are accepted by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the Examiner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                   |                     |
| 4. Acknowledgment is made of a claim for foreign priority  a) All b) Some* c) None of the:  1. Certified copies of the priority documents hat 2. Certified copies of the priority documents hat 3. Copies of the certified copies of the priority of International Bureau (PCT Rule 17.2(a)).  * Certified copies not received:  Applicant has THREE MONTHS FROM THE "MAILING DATE noted below. Failure to timely comply will result in ABANDON THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.  5. A SUBSTITUTE OATH OR DECLARATION must be sub INFORMAL PATENT APPLICATION (PTO-152) which give the including changes required by the Notice of Draftsperior (a) including changes required by the Notice of Draftsperior (b) including changes required by the attached Examine Paper No./Mail Date  Identifying indicia such as the application number (see 37 CFR each sheet. Replacement sheet(s) should be labeled as such in the depution of the paper No./Mail Date | ve been received. ve been received in Application locuments have been received in Application locuments have been received in Application locuments have been received in Application locuments of this application.  mitted. Note the attached EX loves reason(s) why the oath of locust be submitted.  mitted locument locum | on No  d in this national stage application a reply complying with the requestable a reply complying with the requestable.  AMINER'S AMENDMENT or NO redeclaration is deficient.  W ( PTO-948) attached  r in the Office action of the drawings in the front (not the beta 1.121(d).  ERIAL must be submitted. No | irements<br>TICE OF |
| attached Examiner's comment regarding REQUIREMEN'  Attachment(s)  1. □ Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oformal Patent Application (PTO-                                                                                                                                                                                                                                                                                  | 152)                |
| <ol> <li>Notice of References Cited (₹10-692)</li> <li>District Notice of Draftperson's Patent Drawing Review (PTO-948)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                           | 102)                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ Paper No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ummary (PTO-413),<br>/Mail Date                                                                                                                                                                                                                                                                                   |                     |
| <ol> <li>Information Disclosure Statements (PTO-1449 or PTO/SE<br/>Paper No./Mail Date</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | √08), 7. ☐ Examiner's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Amendment/Comment                                                                                                                                                                                                                                                                                                 |                     |
| 4. ☐ Examiner's Comment Regarding Requirement for Deposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. 🗌 Examiner's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Statement of Reasons for Allow                                                                                                                                                                                                                                                                                    | ance                |
| of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9. ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | John Moffmann Primaly Examiner Art Unit: 1/31                                                                                                                                                                                                                                                                     | 18.04               |